

DISTRICT OF NEW JERSEY

In re: Harmon of Old Bridge, Inc. § Case No. 23-13418  
§  
§ Lead Case No. 23-13359  
Debtor(s) §  Jointly Administered

**Post-confirmation Report**

Chapter 11

Quarter Ending Date: 12/31/2023 Petition Date: 04/23/2023

Plan Confirmed Date: 09/14/2023 Plan Effective Date: 09/29/2023

This Post-confirmation Report relates to:  Reorganized Debtor  
 Other Authorized Party or Entity: Harmon of Old Bridge, Inc.  
Name of Authorized Party or Entity

/s/ Bradford J. Sandler  
Signature of Responsible Party  
01/23/2024  
Date

Bradford J. Sandler, Esq.  
Printed Name of Responsible Party  
Pachulski Stang Ziehl & Jones LLP  
780 Third Avenue, 34th Floor  
New York, NY 10017-2024  
Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

**Part 1: Summary of Post-confirmation Transfers**

	<b>Current Quarter</b>	<b>Total Since Effective Date</b>
a. Total cash disbursements	\$0	\$0
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$0	\$0

**Part 2: Preconfirmation Professional Fees and Expenses**

a.			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
	Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor		<i>Aggregate Total</i>			
	<i>Itemized Breakdown by Firm</i>					
	i	Role				
	i		\$0	\$0	\$0	\$0
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Debtor's Name Harmon of Old Bridge, Inc.

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b.			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
	Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor	Aggregate Total	\$0	\$0	\$0	\$0
<i>Itemized Breakdown by Firm</i>						
i	Firm Name	Role				
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Debtor's Name Harmon of Old Bridge, Inc.

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Debtor's Name Harmon of Old Bridge, Inc.

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c.	All professional fees and expenses (debtor & committees)		\$0	\$0	\$0	\$0

**Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan**

	Anticipated Payments Under Plan	Total		Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
		Paid	Current Quarter			
a. Administrative claims	\$0	\$0	\$0	\$0	\$0	0%
b. Secured claims	\$0	\$0	\$0	\$0	\$0	0%
c. Priority claims	\$0	\$0	\$0	\$0	\$0	0%
d. General unsecured claims	\$0	\$0	\$0	\$0	\$0	0%
e. Equity interests	\$0	\$0	\$0	\$0	\$0	0%

**Part 4: Questionnaire**

a. Is this a final report?

Yes  No 

If yes, give date Final Decree was entered:

If no, give date when the application for Final Decree is anticipated: 12/31/2024

b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?

Yes  No

**Privacy Act Statement**

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan.

Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: [http://www.justice.gov/ust/eo/rules\\_regulations/index.htm](http://www.justice.gov/ust/eo/rules_regulations/index.htm). Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

**I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.**

/s/ Michael Goldberg

Signature of Responsible Party

Solely in his capacity as Plan Administrator

Title

Michael Goldberg, as Plan Administrator

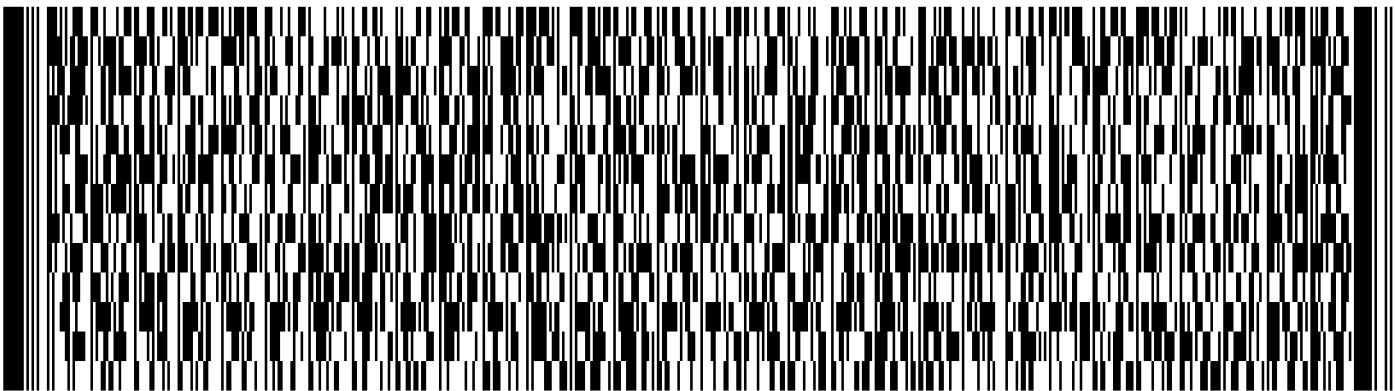
Printed Name of Responsible Party

01/23/2024

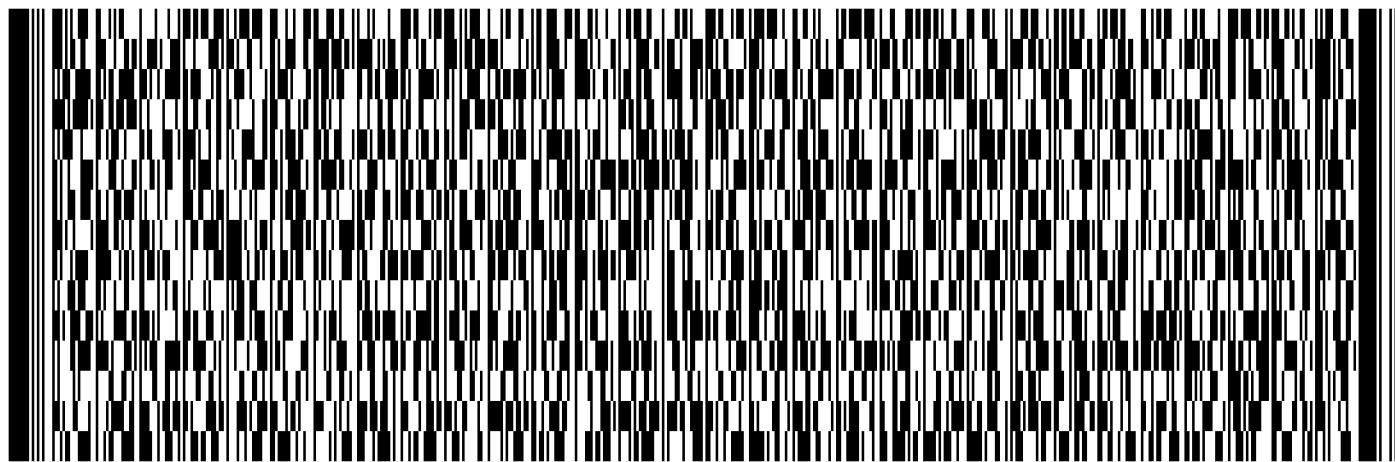
Date

Debtor's Name Harmon of Old Bridge, Inc.

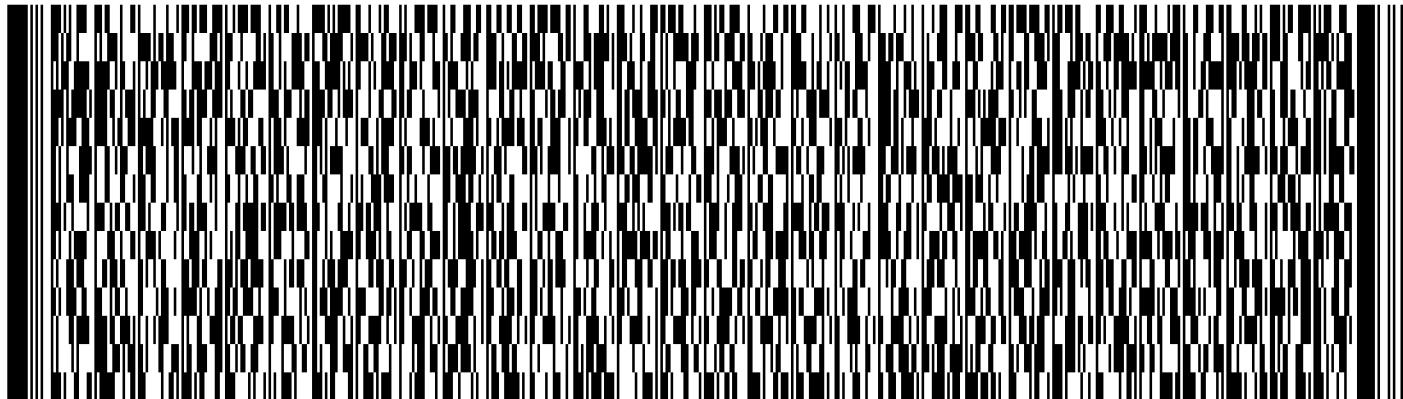
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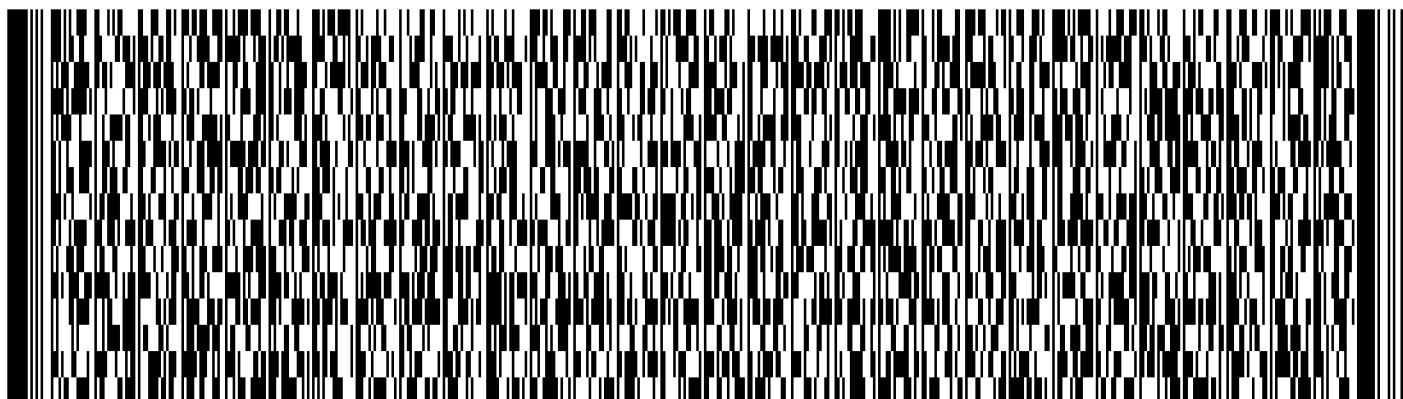
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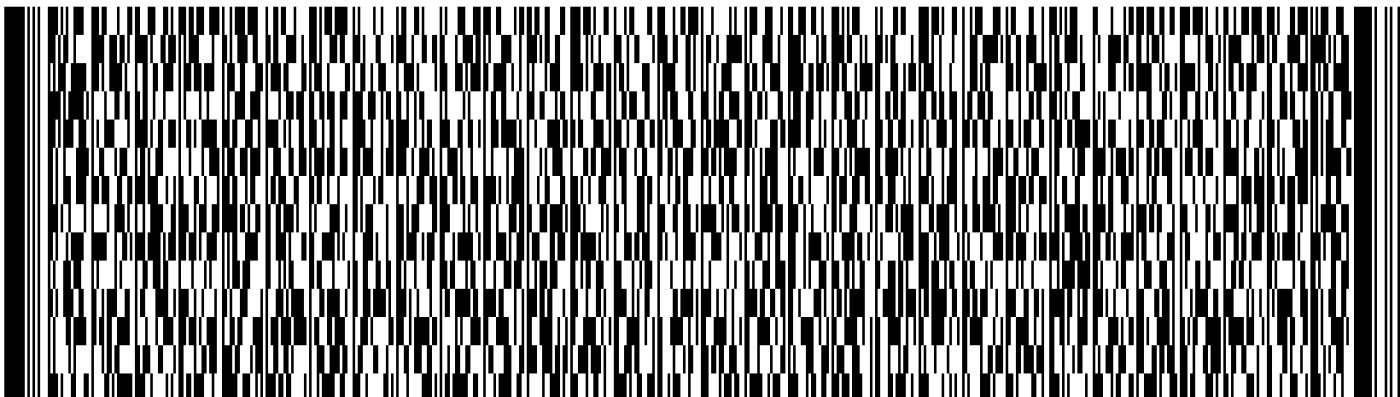
Page 2 Minus Tables



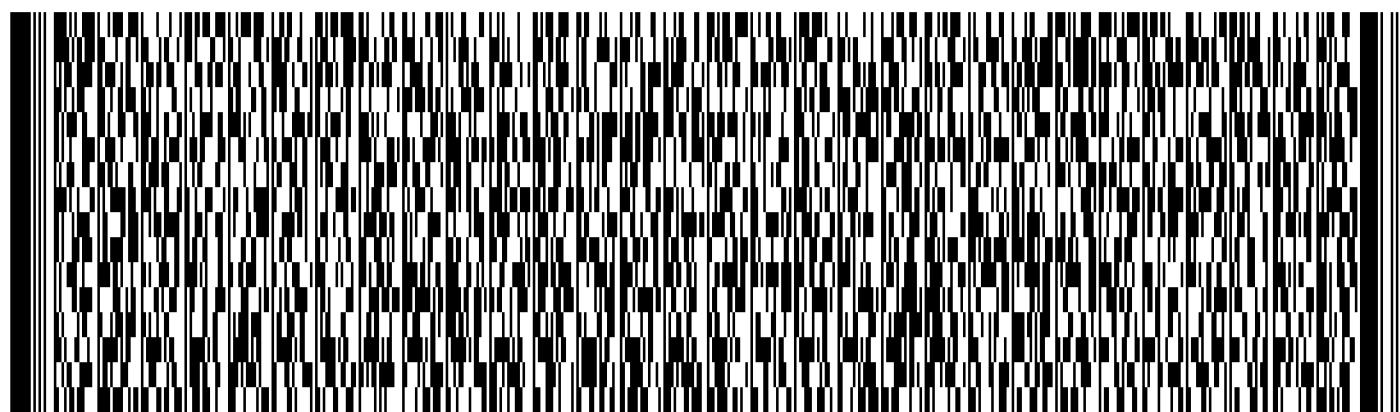
Bankruptcy Table 1-50

Debtor's Name Harmon of Old Bridge, Inc.

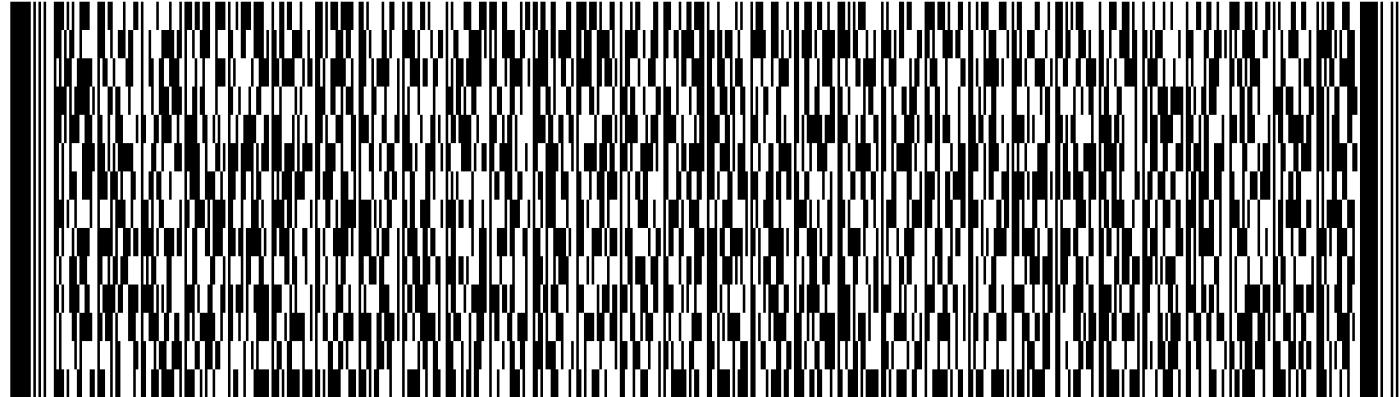
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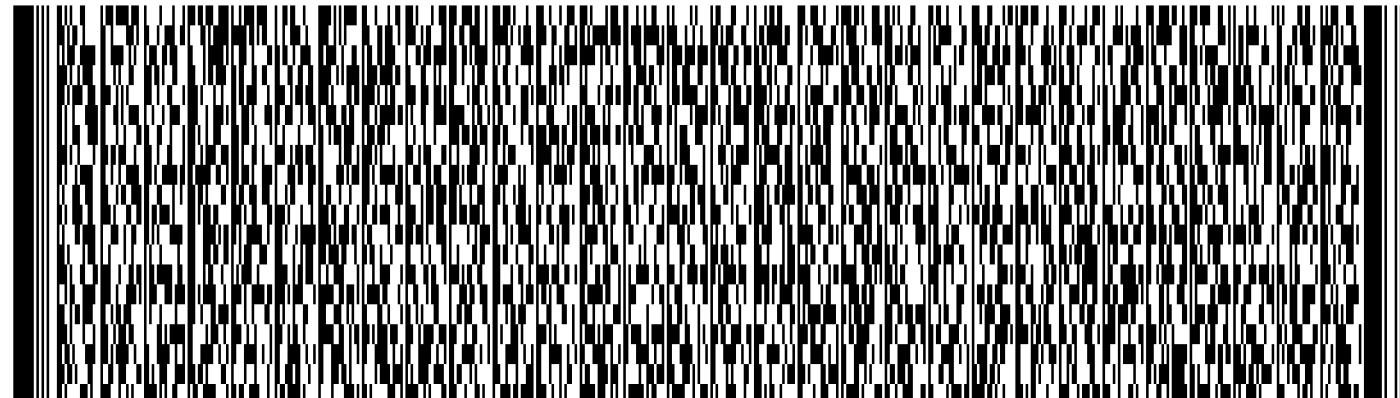
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



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